

Collaborating with Prescription Drug Monitoring Programs: Opportunities and Challenges

WEBINAR SUMMARY

Webinar Series: Leveraging PDMP Data to Support Prevention Planning (Part 3)

Date: February 16, 2017

Prescription Drug Monitoring Programs (PDMPs) collect, analyze, and make available prescription data on controlled substances dispensed by pharmacies and practitioners. These robust databases can be effective tools for reducing and preventing prescription drug misuse and abuse, yet practitioners often struggle with how to use the data they contain.

The final in a three-part series, this webinar features presenters from three states discussing the different ways they are collaborating with PDMPs and other agencies to use PDMP data to prevent the non-medical use of prescription drugs, including both the benefits and challenges of this work.

COLLABORATION IN WASHINGTON

The Washington State Department of Health has been working on a number of collaborative PDMP-related projects across the state:

- **County Profiles Project.** The State Department of Health invited its county health departments to help identify measures to include in data reports (such as county data profiles) that the state will share with its counties. The hope is that counties will use these profiles to inform their strategic prevention planning efforts, educate community members about prescribing rates, and encourage collaboration with local prescribers and dispensers.
- **Public Data Portal.** The Department is developing a portal to share PDMP data with the public and other partners. The portal will provide easy access to certain measures from the PDMP data at a variety of different geographic levels, while taking care to protect patient confidentiality (for example, data will not be included for certain measures or counties when there are too few results to ensure confidentiality).
- **Continuous Quality Improvement.** The Department is meeting regularly with the set of county health departments that had been involved in the original design of the PDMP to make sure that the data they continue to receive are consistent with the types of information they need to inform their prevention efforts.

Washington identified several challenges in using PDMP data, which they are working to rectify but caution others to be aware of. These include:

- **Logical inconsistencies** in the data, such as someone being prescribed a drug before birth or the filling of a prescription before the prescription was written.
- The inclusion of **veterinarians' data** in the full data set, which must be separated from human data.

COLLABORATION IN VIRGINIA

Virginia has found PDMP data useful for a variety of purposes, including:

- **Understanding the Problem.** Virginia has used PDMP-generated charts, as well as other representations of data, to correct assumptions about the scope and causes of prescription drug misuse in the state. They have also used the data to see how overall prescription rates for opioids have changed over time; to detect changes by drug type and age; to assess changes in mean daily dose of opioids for opioid-naïve patients; and to see changes in the percent of opioid-naïve patients being prescribed opioids.
- **Policy impact.** The state has used PDMP data to inform legislation and regulation, for example regarding the allocation of resources dedicated to substance misuse prevention, and to measure the effectiveness of legislation and new PDMP features.
- **Education.** Virginia has used PDMP-generated charts, maps, and other representations to develop educational materials for policymakers and the general public.

One of Virginia's goals is to **expand access to PDMP data**, particularly for health care providers working in emergency departments who can benefit from having an easily-accessible prescription report.

Some of the challenges that Virginia has faced collaborating with their PDMP include the following:

- Limited **analytic tools** and **personnel** available to gather and analyze the PDMP data.
- The **format of the data** housed in the PDMP is not always familiar to epidemiologists working elsewhere in the system, making it difficult for them to work with the data.
- **Laws requiring data to be de-identified** in order to protect patient privacy limit the utility of much of the data collected.

COLLABORATION IN OKLAHOMA

In Oklahoma, a prescription drug monitoring advisory committee comprising the Oklahoma Bureau of Narcotics and Dangerous Drugs, the Oklahoma Department of Mental Health and Substance Abuse Services, and the state Department of Health convenes regularly to develop plans for sharing and using PDMP data to inform prevention efforts.

SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

To date, the state has used PDMP data to do the following:

- Identify and prioritize **sub-recipient communities** for its Strategic Prevention Framework for Prescription Drugs (SPF Rx) and Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grants.
- Create **community-level profiles** and **hot spot maps** to identify geographic areas of high risk.

The committee is also working toward using PDMP data in the following ways:

- To identify **health care practices** that may benefit from training, outreach, or services in order to improve prescribing behaviors, patient pain treatment, and behavioral health care.
- To identify and intervene with **individual patients** who are at risk for substance use disorders.
- To use the **PDMP system** to alert practitioners to patient risk, notify prescribers when they are treating an at-risk patient, and guide them in having behavioral health intervention conversations.